

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 10/22/03  
Application Type:: Continuation  
Subject Matter:: Utility  
Title:: DEFINING TOOTH-MOVING APPLIANCES  
COMPUTATIONALLY  
Attorney Docket Number:: 018563-005020US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 7  
Small Entity?: No  
Petition included?: No  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: MUHAMMAD  
Family Name:: CHISHTI  
City of Residence:: Sunnyvale  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 972 Corte Madera Ave., #302  
City of Mailing Address:: Sunnyvale  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94086

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Russian Federation  
Status:: Full Capacity  
Given Name:: ELENA  
Family Name:: PAVLOVSKAIA  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1688 Sutter Street, #8  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94109

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: GREGORY  
Middle Name:: P.  
Family Name:: BALA  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 207 Burning Tree Drive  
City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95119

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: BRIAN  
Middle Name:: M.  
Family Name:: FREYBURGER

City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 150 Dolores, Apt. 5  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94103

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/228,885	08/26/02
10/228,885	Continuation of	09/169,034	10/08/98

#### **Assignee Information**

Assignee Name:: Align Technology, Inc.  
Street of mailing address:: 881 Martin Avenue  
City of mailing address:: Santa Clara  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95050